

Bi-Weekly BDDS Meeting for Case Managers and Providers June 17, 2020



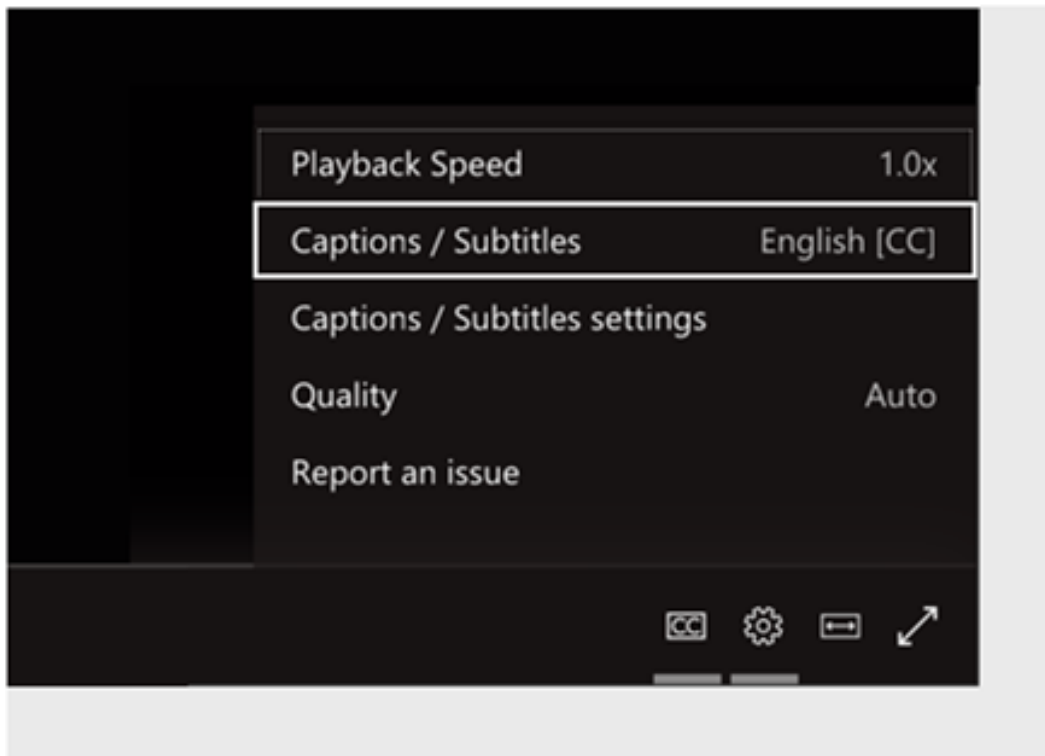
Before We Get Started...



How to Use Live Captions

To turn on live captions and subtitles, select **Captions/Subtitles On**  in your video controls.

To change the caption language, select **Settings**  > **Captions / Subtitles**, and choose the language you want.





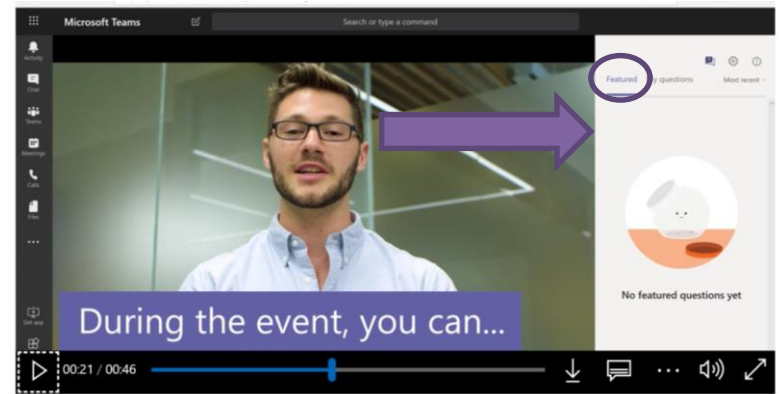
How to Ask a Question

- 1.) Select Q&A on the right side of the screen
- 2.) Type your question in the compose box, and then select Send.
- 3.) Your question will only be visible to the presenters
- 4.) Questions will be answered as time permits.



How to Sign-In for Today's Meeting

- 1.) Look for the Q&A box on the right side of the screen.
- 2.) Under the Featured list, look for the link to the sign-in sheet.
- 3.) Select the link, fill-in the form, and click complete.



Welcome and Today's Agenda

- Introductions
- DDRS Goals for COVID-19 Efforts
- Updates to COVID-19 Guidance
- Scenario Review
- Review: Day Services Sustainability Grants
- Waiver Renewal Overview
- General Updates / Information
- Next Steps



DDRS Goals for COVID-19 Efforts

Help prevent the spread of COVID-19 and keep people alive

Operationalize flexibilities

Provider network maintained

Empower person-centered decision-making for self-advocates, families, case managers, and providers



Updates and Discussion: TB Test Extension

- Based on provider feedback / request, BDDS has updated its “Modifications to Direct Support Professional Qualifications and Requirements” related to TB Tests, as follows:
 - BDDS will temporarily waive the requirement for a provider to conduct a tuberculosis (TB) test on potential staff prior to hire. BDDS will instead require that new staff and existing staff whose annual screening is due shall be screened for tuberculosis within ~~ninety (90)~~ one-hundred and eighty (180) days of hire and/or the expiration of their annual screening.



Updates and Discussion: Group Home Admissions & Related Visits

- Developed in partnership with the Indiana State Department of Health
- Guiding Principles:
 - recognize and accommodate the wide variety of circumstances experienced by individuals residing in these settings,
 - help prevent the spread of COVID-19 and keep people safe, and
 - empower person-centered decision-making for self-advocates, families, case managers, and providers.
- Providers are empowered to develop and implement a plan for supporting safe in-person visits for individuals considering placement and for accepting new admissions.
- In developing such a plan, providers should consider the specific needs, health considerations and risk factors of the individuals currently residing in the home, as well as of the potential new housemate.



Updates and Discussion: Group Home Admissions & Related Visits

- Further, providers should consider the following:
 - If the majority of individuals in a setting are in the CDC's high risk category (e.g., age > 65 and/or people who have severe underlying medical conditions like heart or lung disease or diabetes), the setting should follow restrictions similar to those being utilized in nursing facility settings - https://www.coronavirus.in.gov/files/IN_COVID-19_LTC_04.29.20.pdf.
 - If there are active cases of COVID-19 in the setting (involving staff or individuals) restrictions on visitation should be considered to prevent community spread.
 - Each home should continue to actively screen all individuals, staff, and visitors for symptoms of COVID-19 including fever, respiratory, or other symptoms like loss of taste and smell. Providers should also consider adding questions about whether the individuals, staff, and visitors live with a current COVID positive individuals. Visitors or staff with symptoms should be restricted from entry
 - All visitors entering the home should have a facemask and additional precautions such as hand hygiene and social distancing should be expected.



Updates and Discussion: Group Home Admissions & Related Visits

- Further, providers should consider the following (con't):
 - Prior to visits occurring, providers should share and discuss with individuals and families their current policies/procedures and expectations of staff, individuals, families and visitors to the home, including:
 - PPE guidelines,
 - Strategies in place for infection control practices - cleaning of spaces, frequently touched areas, handwashing, wearing masks and social distancing.
 - Strategies for notifying the individual and family if they were exposed to a COVID positive individual during their visit.
 - Ensuring that their plans are developed and implemented consistent with federal, state, and local authorities, including specific guidance issued by the Bureau of Developmental Disabilities Services.



Updates and Discussion: Group Home Admissions & Related Visits

- Before proceeding with a visit and/or admission, the providers plan must be shared with Kira Kimmel, Director of Facility-Based Services.
- When a visit and/or admission is being considered, the IDT, including BDDS Service Coordinator, should be actively communicating regarding the individual being considered, the home, considerations for why the visit and/or admission should move forward, and what precautions are being made to ensure the safety of all involved.
- If the individual and their family/guardian wish to move forward with a visit and possible move to the home, the IDT should discuss and determine an appropriate, individualized transition plan.



Updates and Discussion: Reminder Regarding Blanket Policies

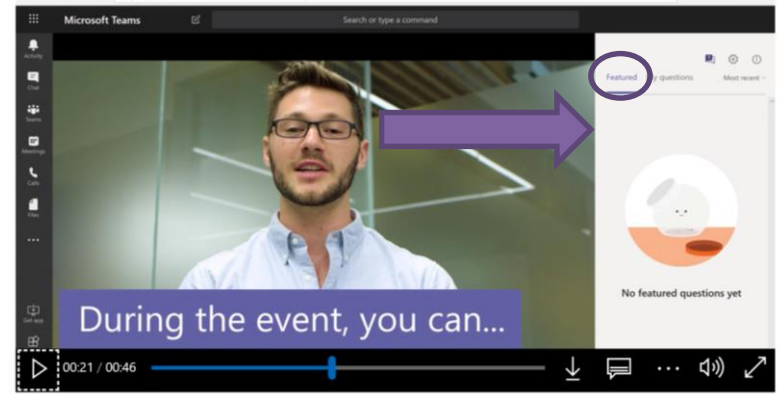
- BDDS continues to receive calls / concerns regarding blanket restrictions being put in place regarding visitors and activities outside the home.
- These blanket restrictions are impermissible.
- Decisions regarding the need for restrictions on visitors and/or outside activities must be completed on an individualized, person-centered basis.
- As complaints are received in this area, BQIS will be looking for documentation that demonstrates any restrictions were arrived at through an individualized, person-centered approach.





Have You Signed In Yet?

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Determining Return to Community Activities Should Be....

Using Principles of the Charting the Life Course Framework to explore these challenges at the individual level

Considerate in the context of decisions being made are “the ALL”

Supportive of Case Managers/Teams to use the Life Trajectory and Integrated Support Star to really explore resolving these challenges

Example - this is a real “current” situation





Supporting Josh to live his best life

- Lives in a provider controlled residential setting with housemates. Josh has a guardian, his mom, who is generally supportive of his goals and interests.
- Like many other individuals, he and his roommates have been quarantined as a result of COVID-19 which has resulted in them being at home taking isolating measures during the pandemic.
- As the state moves through the Governor's Back on Track plan, Josh is wanting to get out more, and return to his efforts of getting a job. His housemates are not as excited about this, nor is his residential provider, who has concerns that Josh may not take all the necessary precautions while he is out, and may risk virus exposure for himself and his other housemates as a result.





Supporting Josh to live his best life

- Josh recently expressed a desire to ride his bike in the neighborhood to the local store to pick up needed items.
- His residential provider was opposed to it, citing their concern about Josh not appropriately following the correct and necessary precautions.
- Josh has demonstrated at times, an unwillingness to wear a mask or comply with the precautions his residential provider has implemented.
- Concerns were also expressed about his instability on the bicycle in returning from the store due to the bags he would be handling/juggling and the busy traffic on the street he lives on.

Notification From Josh's Provider

The Centers for Disease Control (CDC) continues to advise that high-risk individuals exercise caution by staying home and avoiding community activities. For this reason, we will continue to restrict all community outings as well as extend our no visitor policy as a precautionary measure through the month of July.

We will continue to evaluate and put into place the necessary measures to protect the individuals we serve. We are hopeful community access and visits will resume in the near future. We will continue to provide updates on the continuation of our policies based on recommendations and guidance from the CDC and Indiana State Department of Health.





Josh can ride a bike and navigate the neighborhood with little to no support

Josh has a support team who want to see him be successful

Josh has family as a resource to help him

Josh's residential setting is not currently allowing anyone to go out into the community alone or unsupervised for any period of time.

The team is hesitant to allow Josh to make informed decisions and document his full decision-making ability

The team relies heavily on family when Josh doesn't want this

Vision for What I Want

Freedom and independence to go places I want to go when I need something or want to be out by myself.

Having family and staff who support and respect my wants

Support in making informed decisions, understanding consequences and impacts of my choices

Ability to try new things

Help in making my plans work out successfully

What I Don't Want

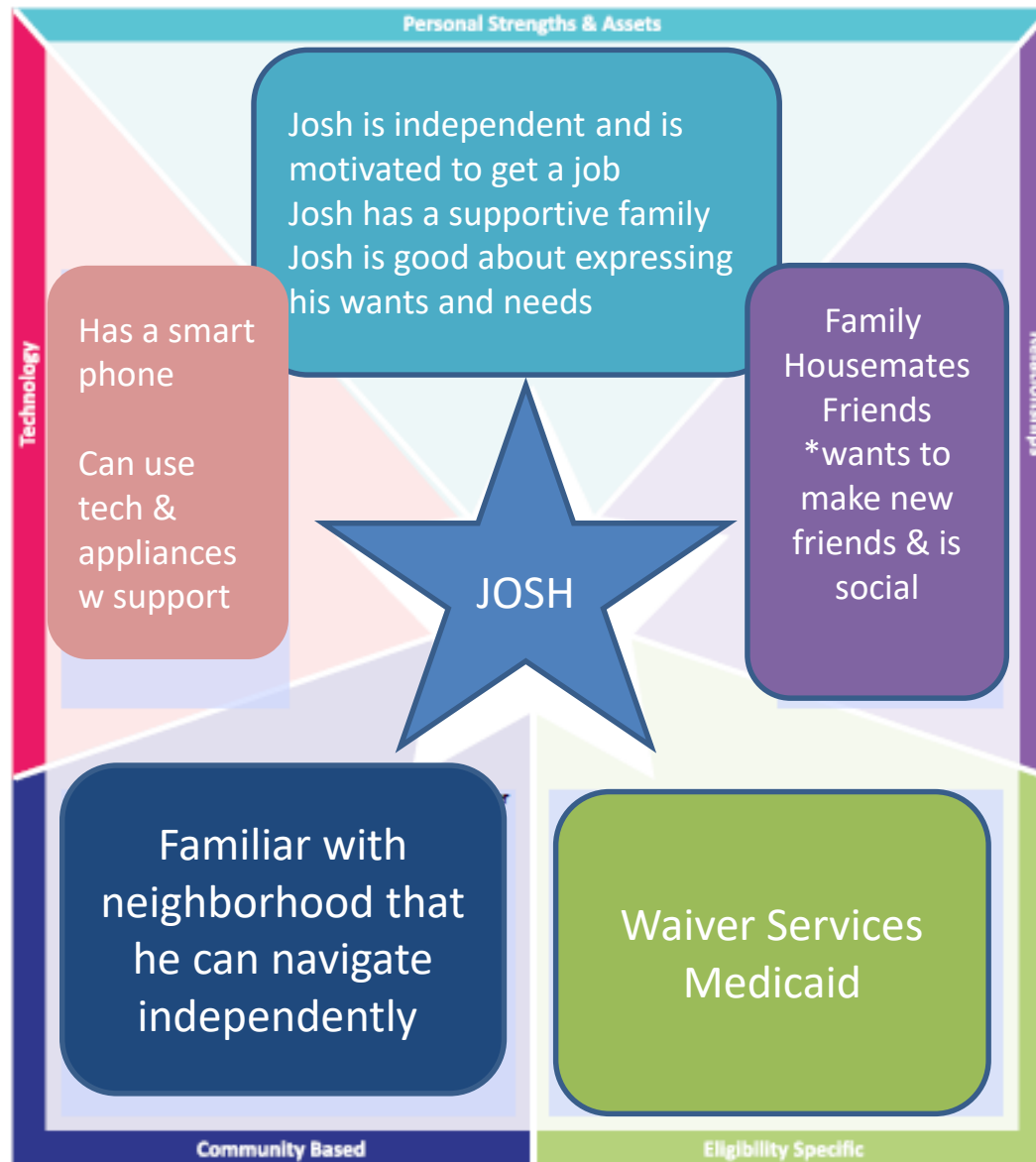
Being told what to do without understanding why

Having plans and being told he can't because others aren't doing it

Setting up his supports and services that rely too much on family



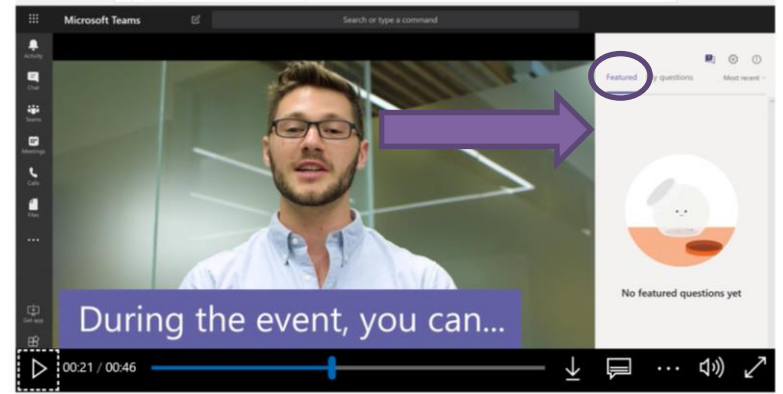
INTEGRATED SUPPORTS STAR



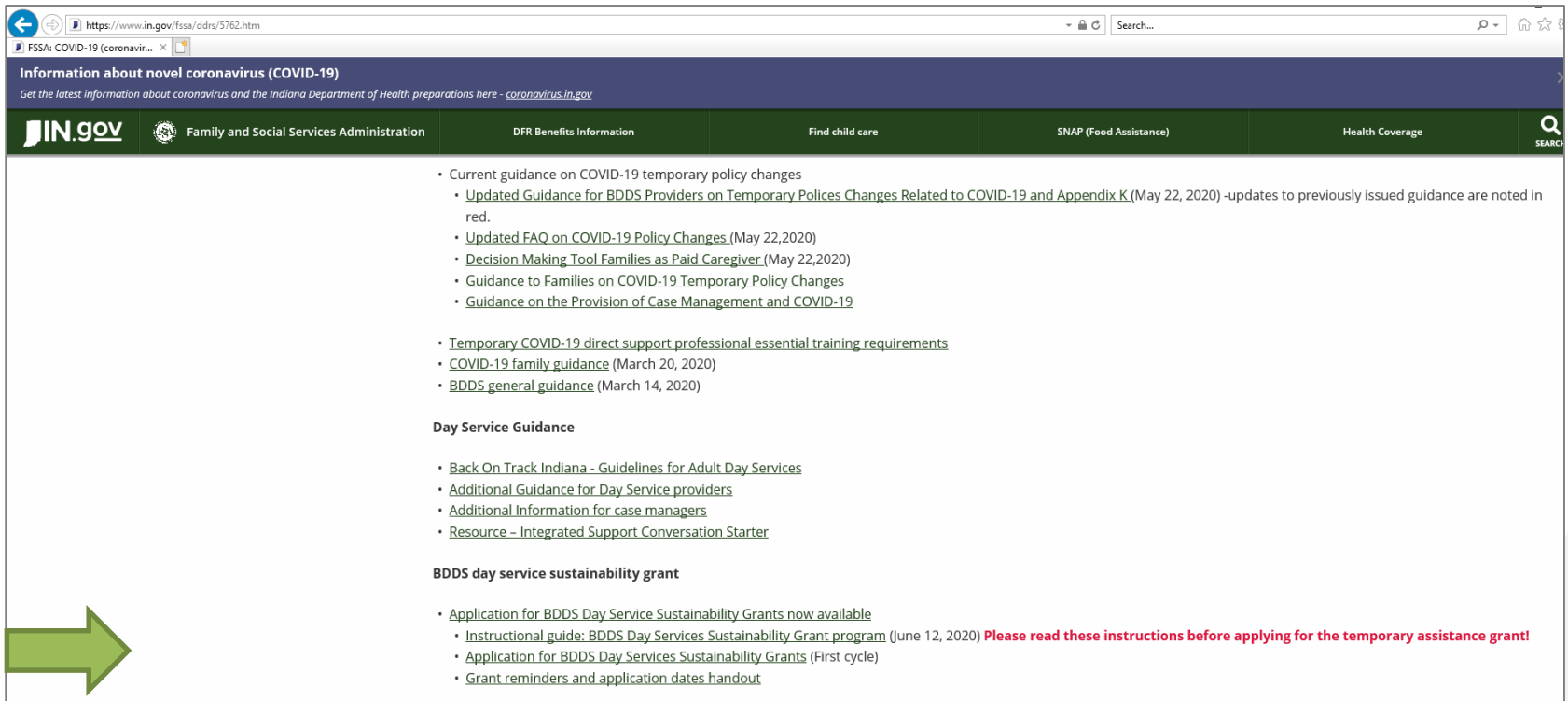


Please Be Sure to Sign-In

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Day Service Sustainability Grants Introduction & General Information



The screenshot shows the Indiana.gov website with the following content:

Information about novel coronavirus (COVID-19)
Get the latest information about coronavirus and the Indiana Department of Health preparations here - coronavirus.in.gov

IN.gov Family and Social Services Administration DFR Benefits Information Find child care SNAP (Food Assistance) Health Coverage

- Current guidance on COVID-19 temporary policy changes
 - [Updated Guidance for BDDS Providers on Temporary Policies Changes Related to COVID-19 and Appendix K](#) (May 22, 2020) -updates to previously issued guidance are noted in red.
 - [Updated FAQ on COVID-19 Policy Changes](#) (May 22, 2020)
 - [Decision Making Tool Families as Paid Caregiver](#) (May 22, 2020)
 - [Guidance to Families on COVID-19 Temporary Policy Changes](#)
 - [Guidance on the Provision of Case Management and COVID-19](#)
- [Temporary COVID-19 direct support professional essential training requirements](#)
- [COVID-19 family guidance](#) (March 20, 2020)
- [BDDS general guidance](#) (March 14, 2020)

Day Service Guidance

- [Back On Track Indiana - Guidelines for Adult Day Services](#)
- [Additional Guidance for Day Service providers](#)
- [Additional Information for case managers](#)
- [Resource – Integrated Support Conversation Starter](#)

BDDS day service sustainability grant

- [Application for BDDS Day Service Sustainability Grants now available](#)
 - [Instructional guide: BDDS Day Services Sustainability Grant program](#) (June 12, 2020) **Please read these instructions before applying for the temporary assistance grant!**
 - [Application for BDDS Day Services Sustainability Grants](#) (First cycle)
 - [Grant reminders and application dates handout](#)



Day Service Sustainability Grants

Introduction & General Information

- **Background:** The **BDDS Day Service Sustainability Grant Program** has been made available by Indiana FSSA's Bureau of Developmental Disabilities Services to support HCBS waiver and OBRA providers who provide adult day, facility habilitation waivers or the OBRA program and had to close or suspend services as a result of COVID-19.
- **Purpose:** Grants are awarded to providers for the purpose providing economic support and relief to reimburse the costs of business interruption related the COVID-19 public health emergency.
- **Eligibility:** HCBS waiver and OBRA providers who provide adult day, facility habilitation, and pre-vocational habilitation services under the Family Support and Community Habilitation and Integration waivers or the OBRA program
- **Application Process:** Applicants must apply via the Bureau's on-line grant application. Application instructions are included in this presentation.
- **Grant Length:** Each grant covers a calendar month. Eligible providers will be able to access the grant for up to four consecutive months.
- **Grant Status / Decision Communications:** All communications pertaining grant applications will be made via e-mail between BDDS and applying providers with the subject line ***BDDS Sustainability Grant Communication***. This includes confirmations, application decisions, and questions from BDDS. **Please be on the lookout for these communications.**
- **Multiple Locations:** If you are a provider with multiple locations, your application must reflect information relative to all locations.



Day Service Sustainability Grants Introduction & General Information

- **Grant Payments:** The grant amount will be 75% of historic payments less any claims for services that the provider was able to render during the grant period.
 - **Grant Period:** Eligible providers will be able to select whether to apply for their first grant for either March 2020 or April 2020. Once the grant period is selected, eligible providers may re-apply for three additional consecutive months (for a total of up to four grant payments), as follows. Providers are not able to change their initial grant selection once the first grant payment is approved by BDDS.
 - If a provider elects March, they will be eligible to apply for subsequent grants for April, May, and June.
 - If a provider elects April, they will be eligible to apply for subsequent grants for May, June, and July.
 - **Historical payments** used to calculate the grant will be for the average of claims paid in 2019 for the same month elected as the grant period by the provider.



Day Service Sustainability Grants Introduction & General Information

- Grant Payment Determination Example:

	Waiver	State Line	Total Grant Payment
Historical Claims Amount	\$ 100.00	\$ 50.00	
75% of Historical Claims Amount	\$ 75.00	\$ 37.50	
Amount of Total Claims from Table Below	\$23.05	\$28.82	
Grant Amount	\$ 51.95	\$ 8.68	\$ 60.63
Use to Enter Number of Units Reported for:	Number of Units	Rate Per Unit	Total Claim
Adult Day Service - Level 1 (1/2 Day Unit)	1.00	\$23.05	\$23.05
Adult Day Service - Level 2 (1/2 Day Unit)		\$30.24	\$0.00
Adult Day Service - Level 3 (1/2 Day Unit)		\$36.00	\$0.00
Adult Day Service - Level 1 (1/4 Hour Unit)		\$1.45	\$0.00
Adult Day Service - Level 2 (1/4 Hour Unit)		\$1.89	\$0.00
Adult Day Service - Level 3 (1/4 Hour Unit)		\$2.25	\$0.00
Facility Habilitation, Individual (1 Hour Unit)		\$24.85	\$0.00
Facility Habilitation, Small Group, (2:1, 4:1) (1 Hour Unit)		\$8.90	\$0.00
Facility Habilitation, Medium Group, (6:1, 8:1, 10:1) (1 Hour Unit)		\$4.96	\$0.00
Facility Habilitation, Large Group, (12:1, 14:1, 16:1) (1 Hour Unit)		\$3.15	\$0.00
Pre-Vocational, Small Group, (2:1, 4:1) (1 Hour Unit)		\$8.90	\$0.00
Pre-Vocational, Medium Group, (6:1, 8:1, 10:1) (1 Hour Unit)		\$4.96	\$0.00
Pre-Vocational, Large Group, (12:1, 14:1, 16:1) (1 Hour Unit)		\$3.15	\$0.00
OBRA - Individual Habilitation	1.00	\$28.82	\$28.82
OBRA - Group Habilitation		\$5.34	\$0.00
OBRA Prevoc Large Group		\$3.00	\$0.00
OBRA Prevoc Medium Group		\$4.72	\$0.00
OBRA Prevoc Small Group		\$8.48	\$0.00
Total Claims Submitted (Anticipated to Submit)			\$51.87

- Grant Period Impact Example:

- Provider A elects the grant period March 2020. Their grant amount will be 75% of the average of their paid claims for March 2019 – June 2019, less any claims (or anticipated claims) for services provided during March 2020. Provider A will be able to submit additional claims for April, May, and June 2020.
- Provider B elects the grant period April 2020. Their grant amount will be 75% of the average of their paid claims from April 2019 – July 2019, less any claims (or anticipated claims) for services provided during April 2020. Provider B will be able to submit additional claims for May, June, July 2020.



Day Service Sustainability Grants

Introduction & General Information

- **Re-Application Frequency:** You will be required to submit a grant application for each month using the following schedule. Eligible providers can re-apply for up to three additional consecutive months (for a total of up to four grant payments).

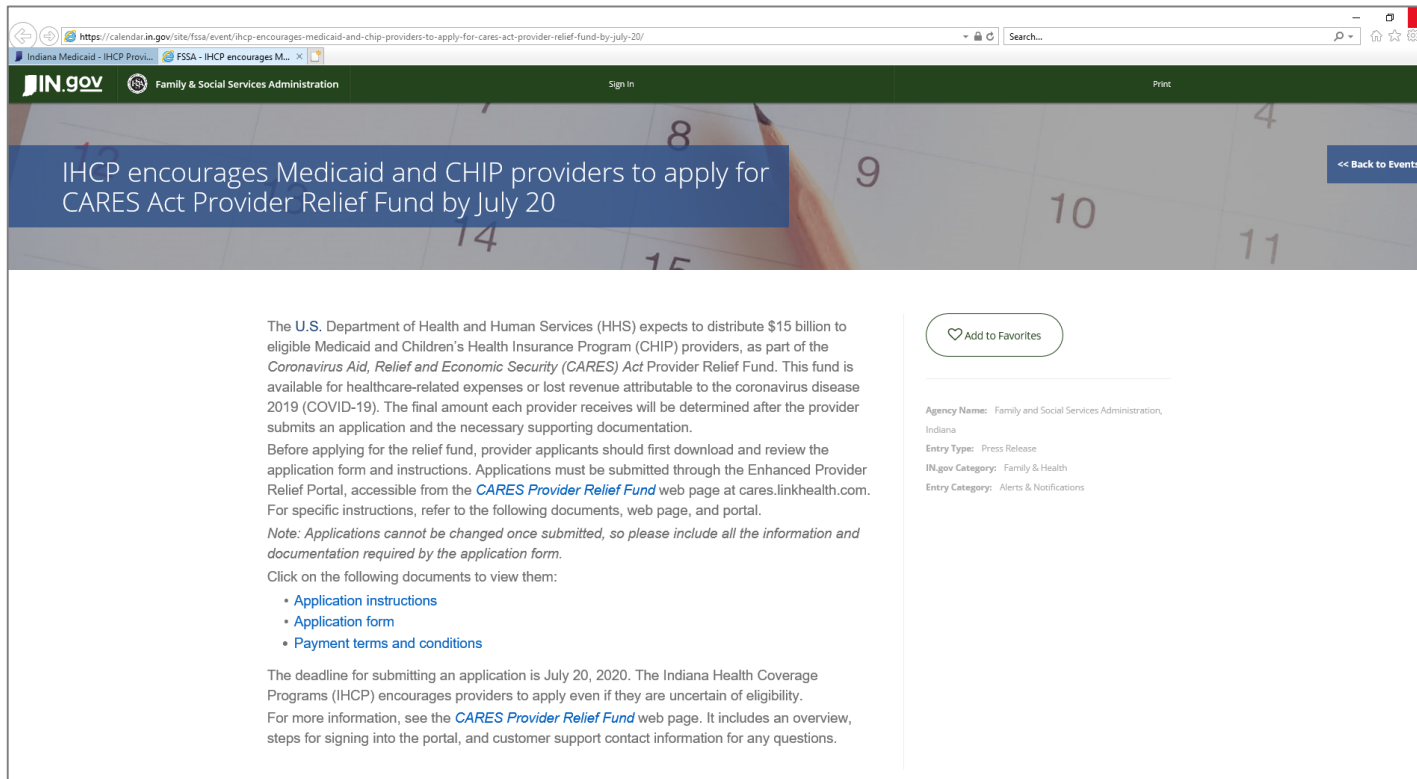
Grant Cycle	Grant Application Period	Claim Submitted By
Initial Round		
March 2020 or April 2020 (provider elects which month)	Opens on: June 12, 2020 Closes on: June 26, 2020 at 6 pm EDT	July 3, 2020
Second Round		
April 2020 or May 2020 (based on providers initial election)	Opens on: July 6, 2020 Closes on: July 17, 2020 at 6 pm EDT	July 24, 2020
Third Round		
May 2020 or June 2020 (based on providers initial election)	Opens on: July 27, 2020 Closes on: August 14, 2020 at 6 pm EDT	August 21, 2020
Fourth and Final Round		
June 2020 or July 2020 (based on providers initial election)	Opens on: August 24, 2020 Closes on: September 18, 2020 at 6 pm EDT	September 25, 2020



Day Service Sustainability Grants

IMPORTANT NOTE

- The Day Service Sustainability Grants **ARE NOT** the same as the recently announced US Department of Health and Human Services CARES Provider Relief Fund.
- For more information on that opportunity, please review the IHCP Press Release linked below.



The screenshot shows a web browser window with the URL <https://calendar.in.gov/site/fssa/event/ihcp-encourages-medicaid-and-chip-providers-to-apply-for-cares-act-provider-relief-fund-by-july-20/>. The page header includes the IN.gov logo and the text "Family & Social Services Administration". A blue banner at the top of the content area reads "IHCP encourages Medicaid and CHIP providers to apply for CARES Act Provider Relief Fund by July 20". The main text of the press release states: "The U.S. Department of Health and Human Services (HHS) expects to distribute \$15 billion to eligible Medicaid and Children's Health Insurance Program (CHIP) providers, as part of the Coronavirus Aid, Relief and Economic Security (CARES) Act Provider Relief Fund. This fund is available for healthcare-related expenses or lost revenue attributable to the coronavirus disease 2019 (COVID-19). The final amount each provider receives will be determined after the provider submits an application and the necessary supporting documentation. Before applying for the relief fund, provider applicants should first download and review the application form and instructions. Applications must be submitted through the Enhanced Provider Relief Portal, accessible from the CARES Provider Relief Fund web page at cares.linkhealth.com. For specific instructions, refer to the following documents, web page, and portal. Note: Applications cannot be changed once submitted, so please include all the information and documentation required by the application form. Click on the following documents to view them:

- [Application instructions](#)
- [Application form](#)
- [Payment terms and conditions](#)

 The deadline for submitting an application is July 20, 2020. The Indiana Health Coverage Programs (IHCP) encourages providers to apply even if they are uncertain of eligibility. For more information, see the [CARES Provider Relief Fund](#) web page. It includes an overview, steps for signing into the portal, and customer support contact information for any questions."

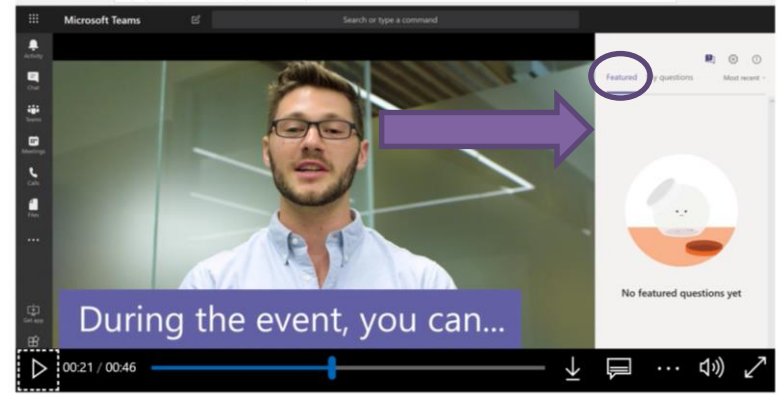
On the right side of the page, there is a section titled "Add to Favorites" and a list of metadata: "Agency Name: Family and Social Services Administration, Indiana", "Entry Type: Press Release", "IN.gov Category: Family & Health", and "Entry Category: Alerts & Notifications".





There is Still Time to Sign-In

- 1.) Look for the Q&A box on the right side of the screen.
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Waiver Renewal: Overview of Changes

- FS & CIH waiver renewals are effective July 16, 2020
- Providers are encouraged to understand the changes and additions to both CIH and FSW in order to ensure capacity for service delivery
 - Please follow normal procedure to add services
- Waiver Fact Sheet will be available prior to implementation
 - A fact sheet will also be available for families



Waiver Renewal: Overview of Changes

Behavioral Support Services

- Updated to array of services designed to support individuals who are experiencing or are likely to experience challenges accessing, and actively participating in the community as a result of behavioral, social, or emotional challenges.
- Behavioral support services are intended to empower individuals and families (by leveraging their strengths and unique abilities) to achieve self-determination, interdependence, productivity, integration and inclusion in all facets of community life, across all environments, across the lifespan.
- Reimbursable activities have been expanded to align with the revised service definition.
- As part of implementation, guidance will be provided that clarifies the requirements for documentation standards.



Waiver Renewal: Overview of Changes

Community Transition (CIHW)

- The one-time set-up expense allowance has been increased to \$2500.
- This increased allowance is only available to individuals who have not previously accessed community transition funds.



Waiver Renewal: Overview of Changes

Day Habilitation

- Replaces Community Based Habilitation (individual and group) and Facility Based Habilitation (individual and group).
- Day Habilitation is intended to give more flexibility to waiver participants and providers, as it includes language that allows services to be provided in a variety of settings in the community or in a facility owned or operated by a DDRS-approved provider.
- BDDS approved Day Habilitation providers include community-based facilitation service providers and facility-based habilitation service providers.
- The large group ratio size of 11:1 to 16:1 only applies to a facility setting.
- **To lessen the record keeping burden on providers, this change will be effective August 1, 2020.**



Waiver Renewal: Overview of Changes

Day Habilitation Continued

- Guidance entitled Day Habilitation: Service Definition and Standards, has been developed for providers of this services. It includes requirements for documentation in the PCISP.
 - The PCISP must outline the day habilitation services needed by the participant to pursue their desired outcomes as identified during the person-centered planning process.
 - The need for service continuation is to be evaluated annually by the IST and reflected in the PCISP.
 - Each outcome within the PCISP must have at least one associated strategy and action step that addresses potential barriers or maintenance needs
 - Each outcome also identifies all paid and unpaid responsible parties and includes the name(s) of each responsible party including the provider, the service, and the staffing positions within the agency . The participant may choose to be the responsible party.
 - Each outcome must have a specific time frame identified, including a minimum time frame for review.
 - Documentation must include any progress toward outcomes in addition to any changes or modifications within the PCISP.
- An allowable relative of the participant may be a direct support professional of day habilitation services.
 - The relative must be employed by a BDDS approved waiver provider.
 - The decision that a relative is the most appropriate option to provide supports must be part of the person-centered planning process and is documented in the PCISP. When the direct support professional is a relative, there is an annual review by the IST to determine whether the participant's relative should continue to be the provider of day habilitation services.
- Services may be provided in a group setting.
 - The decision that services should be provided in a group setting must be part of the person-centered planning process and is documented in the PCISP.
 - The PCISP must reflect the ratio appropriate for the individual during service delivery. Upon request, the provider must be able to verify in a concise format the ratio for each participant during the claimed time frame of service.



Waiver Renewal: Overview of Changes

Environmental Modifications

New to FSW

- Added to FSW
- \$15,000 lifetime cap per waiver
 - This is outside of the FSW's annual cap
- \$500 service & repairs annually is permitted for maintenance and repair of modifications previously funded by a waiver service
 - This is outside the FSW's annual cap



Waiver Renewal: Overview of Changes

Family & Caregiver Training

- The reimbursement limit of this services has been increased to \$5000 per year.
- Additional reimbursable activities and activities that are not allowed were added to provide clarity for service providers and waiver participants.



Waiver Renewal: Overview of Changes

Remote Supports

New to FSW

- Previously known as Electronic Monitoring
- To encourage families using the FS waiver to try the service, the first \$500 of Remote Supports added in any service plan year will be outside of the cap.
- Remote Supports is available to adult waiver participants and individuals 14 to 17 years of age (to foster developmentally-appropriate independence and not to replace typical parental supervision).
- Individuals on the FS waiver who select Remote Supports:
 - Will meet with the remote supports provider to determine the type of remote supports to be provided;
 - Will discuss with the provider the feasibility of addition the service within the budget over the \$500 allowance outside the cap; and
 - Will have family or friends who can provide emergency back-up when needed;
 - The Remote Supports service must be included in the PCISP and providers included as members of the IST
 - Direct selection of Remote Support providers is required for FS waiver participants.



Waiver Renewal: Overview of Changes

Paid Family Caregiver Changes

- Applies to Participant Assistance and Care under the FSW and Residential Habilitation and Support under the CIHW
- If a relative of the participant provides the service:
 - The decision that a relative is the best choice of persons to provide these services is a part of the person-centered planning process and is documented in the PCISP.
 - There is to be an annual review by the Individualized Support Team (IST) to determine whether the participant's relative should continue to be the provider of PAC or RHS.
 - Exploring documentation of the IST conversation as a component of case record reviews.
- Reimbursable waiver funded PAC or RHS services furnished to a waiver participant by an allowable paid relative and/or legal guardian may not exceed a total of 40 hours per week per paid relative and/or legal guardian caregiver.
- Outside of the temporary allowances of Appendix K through August 31, 2020, this service may not be provided to a minor by the parent(s), step-parent(s) or guardians; and services may not be provided to a participant by the participant's spouse.



Waiver Renewal: Overview of Changes

Adult Day Services

- Enhanced to reflect person-centeredness and acknowledge individuals' strengths. Provider qualifications have been updated to provide clarity.

Intensive Behavioral Intervention

- Enhanced focus on developing effective behavior management strategies for participants whose challenging behavioral issues put them at risk of placement in a more restrictive residential setting.
- Services are designed to reduce a participant's behaviors and improve independence and inclusion in the community.

Music Therapy

- Language within reimbursable activities has been enhanced to reflect treatment of the psychological and psychosocial aspects of the individual's disability that interrupt or interfere with their daily life.
- Provider qualifications have been updated to provide clarity.



Waiver Renewal: Overview of Changes

Prevocational Services

- Enhanced to reflect a person-centered, strengths based provision of the service.
- Pre-vocational services are intended to develop and teach general skills that lead to competitive and integrated employment

Rent and Food for Unrelated Caregiver

- The limitations of this service have been updated to include language that waiver participants cannot receive live-in caregiver services and structured family caregiving services concurrently.

Respite

- The service definition has been updated to clarify that the service can be provided when the unpaid person who normally cares for the individual is in OR out of the home.



Waiver Renewal: Overview of Changes

Specialized Medical Equipment and Supplies

- The service definition has been enhanced for clarity:
 - The lifetime CAP of \$7500 on vehicle modifications under the FS waiver applies only to the FS waiver.
 - The lifetime CAP of \$15000 on vehicle modifications under the CIH waiver applies only to the CIH waiver.

Structured Family Caregiving

- The service definition has been updated to better align with current Indiana policy and practice. An update to the limitations was made to allow a maximum of four waiver participants per structured family caregiving household.

Transportation

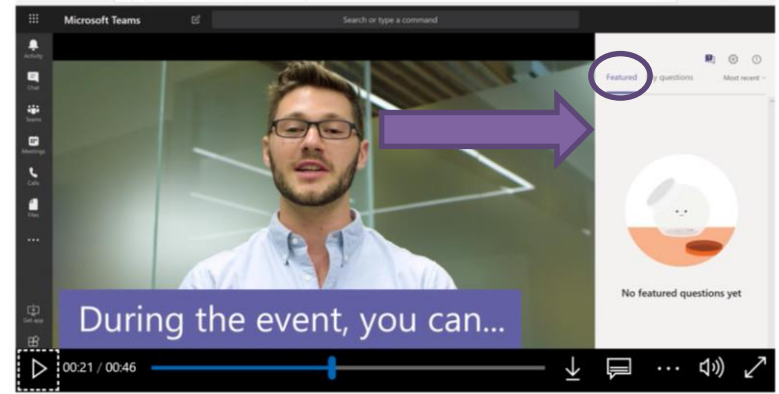
- Levels of service and annual limits have been added to the FS waiver non-medical transportation service to match those included in the CIH waiver:
Level 1 = \$2625 ● Level 2 = \$5250 ● Level 3 = \$7875





Don't Forget to Sign-In

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General Updates and Information

- Electronic Visit Verification is continuing to move forward


EVV

Electronic Visit Verification Preparation

COMPLIANCE DATE: January 1, 2021

Failure to comply with this requirement will result in claims payment disruption.

What is EVV?



The 21st Century Cures Act directs state Medicaid programs to require providers of personal care services to use an "electronic visit verification" system to document services rendered. Federal law requires that providers use the EVV system to document the following information:

- » Date of service
- » Location of service
- » Individual providing service
- » Type of service
- » Individual receiving service
- » Time the service begins and ends

Providers may choose between two technology options to use for Electronic Visit Verification:

Sandata (State-Sponsored EVV Solution)	This is available to all personal care service providers at no cost to the provider. This solution meets the federal requirements but does not provide additional functionality.
Alternative EVV Solution	Providers may also use any other vendor that has integrated in Indiana with the Sandata solution. Alternative vendors may provide additional functionality to providers.

Available resources

[Electronic Visit Verification](#): This webpage provides all of the latest IHCP policy guidance on EVV implementation as well as helpful information for both Sandata and alternative EVV vendor users.

[Electronic Visit Verification Training](#): This webpage contains all of the educational reference material for Sandata users.

How to prepare for implementation

For providers using Sandata (State-Sponsored EVV Solution)

Step 1: Complete the Sandata training
Providers can complete this training using two methods currently:

- » Self-paced online training
- » Instructor-led webinar training session

For instructions on accessing the self-paced training (or to sign up for an instructor-led webinar training session), go to the [EVV Training Registration Quick Reference Guide](#).

Step 2: Receive your login credentials
Once providers have completed the training, they will need to email their certificate of completion to INXIEVV@dxcc.com to receive their agency's Sandata login credentials.

Step 3: Enter your employee and client information
Each employee will have his or her own login information for the Sandata system. The agency will want to create logins for each employee as well as insert information about the agency's clients receiving personal care services.

Step 4: Provide employees with appropriate devices
If the agency is planning to use mobile visit verification using Sandata Mobile Connect, it will want to ensure its employees have access to a smart device. Providers can use either Android or Apple devices. Otherwise, employees should be trained to use telephonic visit verification.

Step 5: Prepare your direct care workers
The agency will want to ensure that their direct care workers have had individual training on capturing visits either through the Sandata Mobile Connect application or through telephonic visit verification.

For providers using an alternative EVV vendor

Step 1: Send an email to EVV@fssa.in.gov
The agency will want to include the agency's name and contact information along with the alternative vendor's name and contact information. This will allow FSSA to determine if the vendor has previously integrated with Sandata in Indiana. If the vendor has not previously integrated, it will be required to pay a one-time fee.


Step 2: Request testing credentials from INAIteVV@sandata.com
Once Sandata has informed the alternative vendor that they are ready to begin testing, the provider agency should request testing credentials for the vendor. These credentials should be provided to the vendor.

Step 3: Work with the vendor to complete the testing process
With the testing credentials, the vendor will prepare a test file that will be submitted to Sandata for approval. The provider agency will need to stay in contact with the vendor during this process. Be sure to have the vendor submit a notification to INAIteVV@sandata.com or 855-705-2407 once the test files have been submitted to Sandata for review.

Step 4: Complete the self-paced training
While the vendor is testing, the provider agency should complete a brief training on the usage and functionality of the Sandata Aggregator.

Step 5: Request production credentials
With training complete, and once testing has been confirmed, provider agencies will request production credentials that will be used to log into the Sandata Aggregator.

Contact us by phone at **800-457-4584, option 5** or by email at evv@fssa.in.gov



Office of Medicaid Policy & Planning

Family & Social Services Administration
Office of Medicaid Policy & Planning
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General Updates and Information

- Re-Engagement on Initial Concept Paper
 - Virtual Forums - Friday at 10 a.m.
 - Comment Period ends on Friday, June 19th
 - Focus on Incorporating COVID Lessons & Experience
- Coming Soon:
 - Appendix K priority category and targeting change
 - Guidance for DSPs to Support Individuals in Hospital Settings





- The Next BDDS Meeting for Case Managers and Providers is scheduled for July 1st from 3:30 pm - 4:30 pm EDT
- Information on how to access the meeting will be sent via DDRS Announcement approximately one week prior.
- BDDS / BQIS Questions:
BQIS.Help@fssa.in.gov





Last Chance

- 1.) Look for the Q&A box on the right side of the screen.
- 2.) Under the Featured list, look for the link to the sign-in sheet.
- 3.) Select the link, fill-in the form, and click complete.

